**Peer reviews**

DQ1: Is it ethical to exaggerate the symptoms or even the diagnosis of a client if this is the only way of obtaining reimbursement for desperately needed treatment services for a client?

Hello Professor Krupp & Class

Yes, it is unethical to exaggerate the symptoms or even the diagnosis of a client if this is the only way of obtaining reimbursement for desperately needed treatment services for a client. A psychologist should be clear from the start about who the client is and what their role is. When a client is not benefitting from therapy it is the therapist ethical duty to discontinue treatment with the explanation that the current treatment is no longer appropriate and suggests to the client alternative service providers to address the feeling of rejection and resolve any practice issues. ACA Code of Ethics.7.c states that counselors do not use techniques/procedures/modalities when substantial evidence suggests harm, even if services are requested. Counselors may refrain from making and or reporting a diagnosis if they believe that it would cause harm to the client or others. Counselors should carefully consider both their positive and negative implications of a diagnosis. According to the ACA Code of Ethics A.1.a. The primary responsibility of counselors is to respect the dignity and promote the welfare of clients

My response:

Gloria

Clinicians are obligated to avoid any knowingly dishonest, fraudulent, or deceptive activities. Such activities not only undermine clinicians’ individual reputations and credibility, but they also harm the entire profession’s reputation and integrity. It is vitally important for practitioners’ colleagues and the general public to have confidence in clinicians’ veracity and trustworthiness. The reality, however, is that instances arise in counseling and social services when practitioners may be tempted to shade the truth to some degree. I have heard stories from all the clinicians at my work sight they say sometimes when dealing with clients from low or no income measures, makes you want to go above and beyond required measures to help them benefit from their diagnosis and the specific treatment availiable to them. But it is never allowed and no matter what, clinicians should not enlist in that behavior. Maintaining licensure and your credentials are far more important than being involved in deceptive practices.

My response:

Tamera

Standard E.5.d. of the ACA Code of Ethics states, “Counselors may refrain from making and/or reporting a diagnosis if they believe that it would cause harm to the client or others. Counselors carefully consider both the positive and negative implications of a diagnosis.” Knowing this, it would be highly unethical if a counselor exaggerates the symptoms or diagnosis of a client if this is the only way of obtaining reimbursement for desperately needed treatment services for a client. By recording a formal diagnosis in either a client’s chart or record has the potential to be harmful if that information can be used against the client by a third party. I recall in one my group supervision/training meetings at my site on ethics, my supervisor informed all interns and staff that it is better to refrain from making a diagnosis than to guess and list one that is probably incorrect. He put a ban on previous staff using adjustment disorder as a “cop-out” diagnosis. He also informed the MFT/social work interns who work with children how a misdiagnosis of a child can be harmful. For example, diagnosing a child with ADHD may end up with long-lasting identity and self-conscious issues due to that misdiagnosis. Now this child may make sense of normal energetic behaviors as personal deficits and may need to rely on drugs to cure these personal shortfalls. In addition the child will have a misdiagnosis on record that will follow him/her through adulthood.

If my agency were to ever pressure me to prematurely record a diagnosis only for reimbursement purposes, I would stand my ground and let them know I vowed to use the ACA Codes as a guideline in my practice. Standard D.1.h. (“Negative Conditions”) states that it is our ethical responsibility as counselors to alert our employers to policies and practices that conflict with the ACA Code of Ethics. In the case of an agency that is asking a counselor to violate Standard E.5.d. and requiring a diagnosis when it is not in the client’s best interest, I would discuss trying to transfer the client to our other location a few towns away so alternate forms of funding (such as grants) are available with my supervisor so that the agency was not dependent on reimbursement solely from DSM diagnoses.

Reference

American Counseling Association. (2014), ACA code of ethics. Retrieved from <http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4>

My response:

Michael

Never exaggerate a client’s symptoms. I can not ethically diagnosis a client with incorrect information. It can lead to harming the client. If a therapist embellishes a client’s data, you could cause a client to experience life-altering situations. For example, you can tarnish a person opportunity to get into the military or other types of employment. The client could be label and deemed as a person they are not, based on misleading information. I have heard a few stories that a therapist are required to obtain a specific dollar amount for the company. Therefore, some may exaggerate the client’s symptoms or diagnosis to gain more services for the client or meeting company requirement. I cannot risk my education to give more services or income. The risk is not worth killing my future career as a therapist.

My response:

Shenequa

It is not ethical or appropriate to be dishonest in the clinical setting, even if it appears to be in the client’s best interest. Exaggerating a client’s symptoms and diagnosis is not the ethical way to get reimbursement for services. I recently experienced something similar to this dilemma, and the situation was handled ethically. A patient came in with a chief complaint of detox, however when the patient was seen the next day, a major depression disorder was diagnosed. Insurance only covers a few days for detox, however the patient needed longer to stabilize the mood disorder. Symptoms were not exaggerated, however the doctor had to do a peer to peer to explain the situation and try get more time. No exaggeration took place, it just took extra work and communication with the insurance provider.

My response:

Madison

**DQ#2: During your practicum, John Smith has been assigned to your caseload. John has a co-occurring diagnosis of compulsive gambling and bipolar I disorder. You have never worked with a client with this diagnosis. What must you do, ethically, to ensure that you provide John with the appropriate treatment?**

Class,

I am currently finishing my masters in Addiction Counseling and work as a CADC-I. Because I do not have the experience or the credentials to treat the client John Smith I would say no. In the State of Nevada you can only treat what you are credentialed to treat. It would actually go against the Code of Ethics for me to treat him since I am not dually licensed. Because of this, I would explain to him that I am unable to treat him due to the licensing protocols and then refer him out to a mental health treatment facility that would be able to treat him. The mental health facility that I would refer him to would be Desert Parkway due to them being able to treat both conditions.

**My response:**

**Julie**